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ICANotes
Behavioral Health EHR

Chart Room Chart Face Back

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Show Notes in List

+ New Note

SOS
610 N. Silver St
Silver City, NM 88061

575-958-6131
575-958-6947

Alt. Patient ID: D10673788

Radan, Robert
ID: 108 DOB: 4/29/1976
Group Therapy Note (SOS)

7/29/2023
2:07 PM

Use Note Creation Time
Clear Time
Set Date/Time

Time spent face to face with patient and/or family and coordination of care: 180 min
Session start: 11:00 AM
Session end: 2:00 PM

Session Remarks:
Therapy Type:
Cognitive Behavioral Therapy
Thought Field Therapy
Motivational Interviewing

Today's group it started with a mood check in. Everyone discussed their current mood and how it was different or the same as yesterday. We reviewed goals from last week and discussed progress and next steps. We decided on an afternoon topic and divided the preparation of lunch and prepared it as a group. The afternoon session we explored how our thoughts and feelings influence our behaviors, choices, and outcomes. Group explored fears, hopes, and thinking patterns. Explored the five senses and how it can help reducer anxiety.

Group Type:
Focus Group: Focus groups are assigned specific topics or problem areas to discuss. The ways the group members react to each other is part of the focus of clinical attention.
Present Today:
Present at today's session were the following: 13 members.
Group Leader Interventions:

Audit Log

Service Location: SOS
Turn Name In Header ON or OFF off

Copy contents of the text only into: clipboard internal message
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Print Preview

Go to WORK Areas

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(Please click in the field and scroll down to see full text of note.)

Capture Signature
#1 Signed By:

Capture Signature
#2 Signed By:

Capture Signature
#3 Signed By:

Calendar
Print Invoice
\$ Account
Make Referral
Create Clinical Summa
Create Discharge Summ
Go to Therapy Group:
Change Note Title

This Note was eSigned
7/29/2023 2:07:18 PM

Electronically Sign
and Lock this Note

Signed Copies:
7/29/2023 2:07:18 PM Lav